

Form No: 1055 rev 08/28/07

## Department of Public Works & Engineering Planning & Development Services Division

## STRUCTURAL OVERTIME INSPECTION FORM

Job Site Address:	•
Advanced Pay Account (SR) #:	
CREDIT CARD TRANSAC	TION BY FAX REQUEST
Credit Card Information (Check Credit Card Type)	
American Express Discover D	/isa ☐ MasterCard ☐ Debit Card
Cardholder Name (Name As It Appears on Card):	
Credit Card #:	Expiration Date://
Purchase Amount: \$	_
Drivers License #:	State Issued:
Persons Authorized to Purchase on this Cred (Printed Name and Signature of Authorized Personnel)	dit Card
Name (Please Print):	
Signature:	
Phone Number:	Fax Number:
Contact Information: Phone:(713) 535-7731 Fax: (713) 535-7911	
NOTE: Effective October 1, 1999, all credit card purchases by fax must include the authorized signature of the cardholder. Fill out this form and fax to (713) 535-7911.	